

**Supplementary File 1. Survey questions****Men with prostate cancer survey**

**Q1.** Please tick the statement that best describes you:

I'm a man who's been treated for prostate cancer, and I have had trouble getting or keeping an erection after treatment (*the dataset used for analysis*)

I'm a man who's been treated for prostate cancer, but I have not had trouble getting or keeping an erection after treatment

**Q2.** How old are you?

**Q3.** When were you first treated for prostate cancer (year)?

**Q4.** When were you last treated for prostate cancer (year)? (please say if treatment is ongoing)

**Q5.** What is your relationship status?

Don't currently have a partner

Have a partner, but not living together

Living with a partner but not married or in a civil partnership

Married or in a civil partnership

Widowed

**Q6.** Do you consider yourself to be:

Heterosexual or straight

Gay

Bisexual

**Q7.** What type of prostate cancer treatment have you had (please select all that apply)?

Active surveillance

Watchful waiting

Surgery: open radical prostatectomy

Surgery: keyhole (laparoscopic) prostatectomy by hand

Surgery: keyhole (laparoscopic) prostatectomy using a robot

External beam radiotherapy

Permanent seed brachytherapy

Hormone therapy

Temporary brachytherapy

High intensity focused ultrasound (HIFU)

Cryotherapy

Chemotherapy

Unsure

**Q8.** Which hospital are / were you being treated in?

**Q9.** Where do you live (town or county)?

**Q10a.** Do, or did, you have access to a clinical nurse specialist (CNS)?

Yes

No

Unsure

**Q10b.** If yes, we would like to ask the CNS to complete a questionnaire about erectile dysfunction services.

If you're willing to give us their contact details, please do so below:

**Before prostate cancer treatment**

**Q11.** Did the doctor or nurse ask about your erections before prostate cancer treatment?

Yes / No / Unsure

**Q12.** How often were you able to get and keep an erection before prostate cancer treatment?

Almost always or always

Most times (more than half the time)

Sometimes (about half the time)

A few times (less than half the time)

Almost never or never

No sexual activity

Unsure

**Q13.** Did you complete a questionnaire before prostate cancer treatment, for example the Sexual Health Inventory for Men (SHIM) or International Index of Erectile Function (IIEF) questionnaires?

Yes / No / Unsure

**Q14.** Did the doctor or nurse tell you that erectile dysfunction might be a side effect of treatment?

Yes / No / Unsure / Erectile dysfunction is not a side effect of the treatment I had

**Q15.** Did the possibility that you might experience erection difficulties influence the choice of prostate cancer treatment?

Yes / No / Unsure

**Q16.** Who asked the first questions about your erections before treatment?

The consultant

The GP

The nurse

Me

My partner

No one

Unsure

Other:

**Q17.** If you have a partner, were they involved in these discussions with your health professionals?

Yes / No / Unsure / Not applicable

**Q18.** If you have a partner, did you want them to be involved in these discussions?

Yes / No / Unsure / Not applicable

**After prostate cancer treatment**

**Q19.** After your prostate cancer treatment, which health professionals asked whether you had experienced any side effects?

The consultant

The GP

The nurse

No one asked

Unsure

Other:

**Q20.** How soon after prostate cancer treatment, if at all, did the consultant, GP or nurse ask whether your ability to get or keep an erection had been affected?

**Q21.** How soon after prostate cancer treatment, if at all, did you become concerned about your ability to get or keep an erection?

**Q22.** If you had concerns, were you satisfied with the way the health professional addressed your concerns about getting or keeping an erection?

Yes / No / Unsure / Not applicable

**Q23.** If you were not concerned about the ability to get or keep an erection immediately after treatment, did a health professional follow up on this question at a later date?

Yes / No / Unsure / Not applicable

**Q24.** If you did not experience erectile dysfunction immediately after treatment, did a health professional follow up on this question at a later date?

Yes / No / Unsure / Not applicable

**Q25.** If you have a partner, were they involved in these discussions with your health professionals?

Yes / No / Unsure / Not applicable

**Q26.** If you have a partner, did you want them to be involved in these discussions?

Yes / No / Unsure / Not applicable

#### Treatment for erection problems

**Q27.** How long after prostate cancer treatment, if at all, were you offered treatment to help get or keep an erection?

**Q28.** Who offered you treatment to help get or keep an erection?

The consultant

The GP

The nurse

No one offered treatment

Unsure

Other:

**Q29.** If you were given treatment to help get or keep an erection, were you asked if it was working, and if so, after how long?

**Q30.** If you have a partner, have you spoken to your partner about problems with your erections?

Yes / No / Unsure / Not applicable

**Q31.** Where are / were you being treated for problems with erections?

Urology department

Erectile dysfunction clinic

Psychosexual clinic

Counsellor/psychologist's office

Sex therapist's office

GP surgery

Didn't receive treatment

Unsure

Other:

**Q32.** Erection problems can be treated in a number of ways, and some treatments can be prescribed together. Which treatment(s) have you been offered on the NHS, or have you paid for privately, to help you get or keep an erection (please select all that apply)?

Viagra (sildenafil) tablets: 25 / 50 / 100mg

Cialis (tadalafil) tablets: 5 / 10 / 20mg

Levitra (vardenafil) tablets: 10 / 20mg

MUSE (Intra-urethral Alprostadil pellets): 125 / 250 / 500 / 1000ug

Caverject (Intra-cavernosal injections): 5 / 20 / 40mg

Viridal Duo (Intra-cavernosal injections): 10 / 20 / 40 mg

Vacuum erection device (penis pump)

Pelvic floor exercises

Sex therapy

Counselling

Don't know

None

Other (please describe)

**Q33.** For each of the treatments you've selected above, please tell us whether you combine(d) any of them (please give details):

**Q34.** For each of the treatments you've selected above, please tell us the number of times you tried them, and the length of time used (please also say if you are still using them):

**Q35.** What was your experience of each treatment or combination of treatments used? Was the treatment(s) helpful?

**Q36.** Have you had any difficulty or delays in getting access to the treatment(s)? (please explain)

**Q37.** Did the treatment(s) you were prescribed meet your needs?

Yes / No / Unsure / Not applicable

**Q38.** Did the doctor or nurse ask any questions about your erections, or ask you to complete a questionnaire while undergoing the treatments, for example the Sexual Health Inventory for Men (SHIM) or International Index of Erectile Function (IIEF) questionnaires?

Yes / No / Unsure / Not applicable

**Q39.** Have you been online to look for additional information and / or treatment? (if yes, please give details of the websites and any non-prescription treatment tried)

**Q40.** Are you still using any treatment to help get or keep an erection?

Yes / No / Unsure / Not applicable

**Q41.** How long have you been getting treatment for erection problems?

**Q42.** If you stopped treatment, please state why:

**Q43.** How have erection problems affected how you feel about yourself?

**Q44.** If applicable, what effect did, or do, your erection problems have on your relationship?

**Q45.** Is there anything that would have made your experience better? If so, what?

**Q46.** What is your opinion of the standard of care, information and support you have received from your GP, consultant and nurse?

**Q47.** Have you had any other sexual concerns or difficulties following treatment for prostate cancer? If so, please explain:

**Q48.** Have you sought help for any of these concerns or difficulties?

Yes, from the consultant

Yes, from the GP

Yes, from the nurse

Yes, from the counsellor

No

Unsure

Not applicable

Other:

**Primary care survey (GPs and practice nurses)****S2 - Specialty confirmation**

Are you a...

GP (1)

Practice Nurse (2)

Continence Adviser/Specialist (3)

Health visitor (4)

Other (5)

S2x Please specify 'Other'

**S3 - Number of patients**

In a three month period, on average how many patients will you see with a diagnosis of prostate cancer?

Please state the total number of patients, not individual consultations

**D1 - Gender (GPs)**

Are you...

Male (1)

Female (2)

**D2 - Age (GPs)**

Are you...

Under 30 (1)

30 - 39 (2)

40 - 49 (3)

50 - 59 (4)

60 or over (5)

**D3 - Practice location (GPs)**

Is your practice based in a...

Rural area (1)

Urban area (2)

Semi-rural area (3)

Suburban area (4)

Other (5)

**D4 - Region**

Whereabouts are you currently practising?

[Select from a list of UK regions and devolved nations]

Retired (14)

Not practising in the UK (15)

**D5 - CCG**

Which Clinical Commissioning Group do you primarily work in?

[Select from a list]

Other (212)

**Q2 - Frequency**

Thinking of the consultations for patients with prostate cancer, in an average month, how often would you expect to see any patient with prostate cancer?

All consultations, not individual patients.

**Q3 - ED Discussion initiations**

In relation to patients who have been diagnosed with/treated for prostate cancer, how often do you initiate a discussion about ED?

Never (1)

Rarely (2)

Sometimes (3)

Usually (4)

Always (5)

**Q3b - Follow up for regular initiation of ED discussion**

You indicated that you [show answer from above] initiate a discussion about ED, could you please explain when and how the conversation is initiated in the treatment pathway?

**Q3c - Follow up for non- initiation of ED discussion**

You indicated that you [show answer from above] initiate a discussion about ED, could you please explain why this conversation is [show answer from above] initiated?

**Q4 - ED Patient initiations**

How often do prostate cancer patients initiate a discussion with you about ED?

Never (1)

Rarely (2)

Sometimes (3)

Usually (4)

Always (5)

**Q5 - ED Partner discussions**

How often do you involve the partner of prostate cancer patients in discussions about ED?

Never (1)

Rarely (2)

Sometimes (3)

Usually (4)

Always (5)

**Q6 - Wider treatment**

In the treatment of prostate cancer more widely, who would you expect to initiate, monitor and follow-up an ED management strategy?

Please check all that apply.

Patient (1)

Urologist (2)

Clinical oncologist (3)

Urology/uro-oncology nurse specialist (4)

Dedicated ED service (5)

Radiographer (6)

GP (7)

Other (please state) (8)

**Q7 - Point in pathway for ED discussion**

At what point(s) in the patient pathway would you expect a discussion regarding ED to normally take place?

Please check all that apply.

Not routinely discussed (1)

At diagnosis of prostate cancer (2)

Prior to surgery (3)

Prior to radiotherapy (4)

Prior to initiation of ADT (5)

Any time during treatment (6)

After treatment/during follow up (7)

Other (please state) (8)

Don't know (9)

**Q8 - Prostate cancer knowledge**

Please indicate how confident you are in relation to the following statements regarding your knowledge of prostate cancer.

Extremely unconfident (1)

Apprehensive (2)

Satisfactory (3)

Confident (4)

Very confident (5)

I am confident that my knowledge of prostate cancer is sufficiently comprehensive to support men with prostate cancer (1)

I am confident that my knowledge of prostate cancer is sufficiently up to date to support men with prostate cancer (2)

**Q8a - Follow up for 'comprehensive'**

You indicated that you are [show answer from above] that your knowledge of prostate cancer is sufficiently comprehensive to support men with prostate cancer. Please indicate how you believe this could be improved.

Please answer as fully as possible

**Q8b - Follow up for 'up to date'**

You indicated that you are [show answer from above] that your knowledge of prostate cancer is sufficiently up to date to support men with prostate cancer. Please indicate how you believe this could be improved.

Please answer as fully as possible

**Q9 - ED knowledge**

Please indicate how confident you are in relation to the following statements regarding your knowledge of ED.

Extremely unconfident (1)

Apprehensive (2)

Satisfactory (3)

Confident (4)

Very confident (5)

I am confident that my knowledge of ED is sufficiently comprehensive to support men with prostate cancer (1)

I am confident that my knowledge of ED is sufficiently up to date to support men with prostate cancer (2)

**Q9a - Follow up for 'comprehensive'**

You indicated that you are [show answer from above] that your knowledge of ED is sufficiently comprehensive to support men with prostate cancer. Please indicate how you believe this could be improved.

Please answer as fully as possible

**Q9b - Follow up for 'up to date'**

You indicated that you are [show answer from above] that your

knowledge of ED is sufficiently up to date to support men with prostate cancer. Please indicate how you believe this could be improved.  
Please answer as fully as possible

#### Q10 - ED treatment options knowledge

Please indicate how confident you are in relation to the following statements regarding your knowledge of treatment options for ED.

- Extremely unconfident (1)
- Apprehensive (2)
- Satisfactory (3)
- Confident (4)
- Very confident (5)

I am confident that my knowledge of the treatment options for ED is sufficiently comprehensive to support men with prostate cancer (1)

I am confident that my knowledge of the treatment options for ED is sufficiently up to date to support men with prostate cancer (2)

#### Q10a - Follow up for 'comprehensive'

You indicated that you are [show answer from above] that your knowledge of the treatment options for ED is sufficiently comprehensive to support men with prostate cancer. Please indicate how you believe this could be improved.  
Please answer as fully as possible

#### Q10b - Follow up for 'up to date'

You indicated that you are [show answer from above] that your knowledge of the treatment options for ED is sufficiently up to date to support men with prostate cancer. Please indicate how you believe this could be improved.  
Please answer as fully as possible

#### Q11 - Manage ED

In relation to prostate cancer patients, do you prescribe treatment for ED?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Usually (4)
- Always (5)

#### Q11a - Follow up

You indicated that you [show answer from above] prescribe treatment for ED. Please explain why that is.  
Please answer as fully as possible

#### Q12 - ED treatments

Please indicate which of the following treatments are used by you or by other doctors in your practice for managing treatment of ED in prostate cancer patients.

Please select all that apply  
Oral therapy (PDE5 inhibitors) (1)

- Intracorporeal injections (2)
- Intraurethral PGE-1/Alprostadil (3)
- Vacuum constriction device (VCD) (4)
- Pelvic floor exercises (5)
- Psychosexual therapy (6)
- Penile implant (7)
- Combination therapy (8)
- Other (Please state) (9)

#### Q13 - First-line treatment

Which of the treatments used by you or by other doctors in your practice is your/their first line choice for managing ED in prostate cancer patients?

Please select one option

- Oral therapy (PDE5 inhibitors) (1)
- Intracorporeal injections (2)
- Intraurethral PGE-1/Alprostadil (3)
- Vacuum constriction device (VCD) (4)
- Pelvic floor exercises (5)
- Psychosexual therapy (6)
- Penile implant (7)
- Combination therapy (8)
- Other (Please state) (9)

#### Q13a - Oral treatment details

You said that you or other doctors in your practice typically use oral therapy in managing ED. Please state which drugs are prescribed, with their dose and frequency.

Please answer as fully as possible.

Drug:

Dose:

Frequency:

Comments:

#### Q13b - Combination treatment details

You said that you or other doctors in your practice typically use combination therapies in managing ED. Please state which drugs are prescribed, with their dose and frequency.

Please answer as fully as possible.

Drugs:

Dose:

Frequency:

Comments:

#### Q14 - Options not available

Please indicate if any of the following treatments are not accessible at your practice.

Please select all that apply

- Oral therapy (PDE5 inhibitors) (1)
- Intracorporeal injections (2)
- Intraurethral PGE-1/Alprostadil (3)
- Vacuum constriction device (VCD) (4)
- Pelvic floor exercises (5)
- Psychosexual therapy (6)
- Penile implant (7)
- Combination therapy (8)
- Other (Please state) (9)
- None of the above - all are available (10)

#### Q14a - Options not available reasons

You indicated that the following treatments are not accessible at your practice. Please explain why they are not available.

Please answer as fully as possible.

#### Q15 - Ideal first-line treatment

Assuming all treatment options were available to you, what would be your first line of treatment?

Please select one option

- Oral therapy (PDE5 inhibitors) (1)
- Intracorporeal injections (2)
- Intraurethral PGE-1/Alprostadil (3)
- Vacuum constriction device (VCD) (4)
- Pelvic floor exercises (5)
- Psychosexual therapy (6)
- Penile implant (7)
- Combination therapy (8)
- Other (Please state) (9)
- None of the above - all are available (10)

#### Q16 - Referral

Do you refer prostate cancer patients with ED on to secondary or specialist care?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Usually (4)
- Always (5)

#### Q16a - Why not referred

You indicated that you never refer prostate cancer patients with ED on to secondary or specialist care. Please explain why that is.

Please answer as fully as possible

#### Q16b - To whom referred

You indicated that you refer prostate cancer patients with ED on to secondary or specialist care. Please indicate where these referrals are made.

Please select all that apply

- ED specialist (1)
- Sexual therapist (2)
- Urologist (3)
- Other (please state) (4)

#### Q16c - Most common referral

You indicated that you make referrals to the following specialists. Please select the specialist where you make the most referrals.

Please select one option

- ED specialist (1)
- Sexual therapist (2)
- Urologist (3)
- Other (please state) (4)

**Secondary care survey (urologists and CNSs)**

Please choose the option that is most applicable to you:

I specialise in erectile dysfunction (e.g. urologist specialising in ED, sexual advisor/therapist)

I specialise in urology (e.g. urologist not specialising in ED, urology nurse)

**S2 – Specialty (urologists)**

Which of the following best describes your specialty?

Please select one option

Urology (1)

Oncology (2)

Other (please specify) (3)

**S3 – Number of patients (urologists)**

In a three month period, on average how many patients will you see with a diagnosis of prostate cancer?

Please state the total number of patients, not individual consultations

**S4 – Seniority (urologists)**

Which of the following best describes your seniority?

Please select one option

Consultant (1)

Associate Specialist (2)

Staff Grade / Specialty Doctor (3)

Clinical Research Fellow (4)

Specialty Trainee / Registrar Years 5+ (5)

Specialty Trainee / Registrar Years 3-4 (6)

Specialty Trainee / Registrar Years 1-2 (7)

FD2 (8)

FD1 (9)

Other (please specify) (10)

**D1 – Gender (urologists)**

Are you...

Male (1)

Female (2)

**D2 – Age (urologists)**

Are you...

Under 30 (1)

30 - 39 (2)

40 - 49 (3)

50 - 59 (4)

60 or over (5)

**D3 – Region (urologists)**

Whereabouts are you currently practising?

[Select from a list of UK regions and devolved nations]

Retired (14)

Not practising in the UK (15)

**D4 - Trust/health board (urologists)**

In which trust do you primarily work?

[Select from a list]

Other (204)

Retired (234)

**Q1 – Initiate discussion (urologists)**

Thinking of the consultations for patients with prostate cancer, who would be most likely to initiate a discussion about ED?

Please select all that apply

Patient (1)

Urologist (2)

Clinical Oncologist (3)

Urology/uro-oncology nurse specialist (4)

Radiographer (5)

GP (6)

Other (please state) (7)

**Q2 - Ranking Initiate discussion (urologists)**

From the list below, please rank your choices in order of likelihood to initiate a discussion about ED.

Please enter 1 for most likely, 2 for second, 3 for third etc.

Patient (1)

Urologist (2)

Clinical Oncologist (3)

Urology/uro-oncology nurse specialist (4)

Radiographer (5)

GP (6)

Other (7)

**Q2a - Initiate discussion follow up (urologists)**

You indicated that the [show answer from above] was most likely to initiate a discussion about ED.

Can you please explain why the discussion is most likely to be initiated by the [show answer from above]?

Please answer as fully as possible

**Q3 – Pathway (urologists)**

Thinking about patients with prostate cancer, where in the patient pathway would you expect a discussion about ED to take place?

Please select all that apply

Not routinely discussed (1)

Prior to initiation of ADT (2)

Prior to radiotherapy (3)

Prior to surgery (4)

After treatment / during follow up (5)

Any time during treatment (6)

Other (please state) (7)

**Q4 - ED Discussion initiations (urologists)**

How often do you involve the partner of prostate cancer patients in discussions about ED?

Never (1)

Rarely (2)

Sometimes (3)

Usually (4)

Always (5)

**Assessment****Q5 - EF Baseline**

Do you perform any baseline assessment of erectile function (EF) before treatment for prostate cancer? Please select one option per row, apart from the 'Other' row if you don't need to specify any other baseline assessment.

Never (1) / Rarely (2) / Sometimes (3) / Usually (4) / Always (5)

For:

Verbal assessment (1)

IIEF (2)

IIEF-5 (3)

EDITS (4)

Other (Please state) (5)

**Q5a - EF Baseline follow up**

Please provide any additional comments regarding the use of [show answer from above] in assessing baseline EF before treatment for prostate cancer.

**Q6 - No EF Baseline**

Are there any patient groups you choose NOT to baseline assess for EF?

Yes (1)

No (2)

**Q6a - NO EF baseline groups**

Please specify the patient groups you choose NOT to baseline assess for EF.

Please use a separate text box for each group.

**Q6b - No EF Baseline rationale**

You said that you choose NOT to baseline assess the groups below for EF. Could you please explain why that is?

Please answer as fully as possible

**Q7 - ADT**

Would the duration of intended androgen deprivation therapy (ADT) affect your decision to discuss ED?

Yes (1)

No (2)

**Q7a - ADT follow up**

You said that the duration of intended androgen deprivation therapy (ADT) would affect your decision to discuss ED. Could you please explain why this is?

Please answer as fully as possible

**Q8 - Assessment of impact on EF**

In the context of prostate cancer, do you make an assessment of the impact of any of the following factors upon EF?

Please select all that apply

General lifestyle (1)

Medication(s) (2)

Cardiac Disease status (3)

Metabolic status / Diabetes (4)



Co-morbidities (5)  
 Psychological factors (6)  
 Relationship factors (7)  
 Other (Please state) (8)  
 None of the above (9)

### Q9 - Discussion of impact on EF

Of the factors that you assess the impact of upon EF in prostate cancer patients, how often do you discuss these with the patient?

Please select one option per row  
 For the answer options above:  
 Never (1) / Rarely (2) / Sometimes (3)  
 / Usually (4) / Always (5)

### Q10 - Testosterone measurement

How often do you measure testosterone levels in men with prostate cancer?

Never (1)  
 Rarely (2)  
 Sometimes (3)  
 Usually (4)  
 Always (5)

### Q10a - Testosterone follow up

You said that you [show answer from above] measure testosterone levels in men with prostate cancer. Could you please explain what circumstances prompt this measurement?  
 Please answer as fully as possible

### Referral

### Q11 – Referrals (ED specialists)

How is a patient typically referred to your service (by who, when etc)?

### Q12 - ED services offered (non-ED specialists)

What type(s) of ED support services are available for your patients?  
 Please select all that are available  
 An ED clinic (1)  
 VCD (Vacuum Constriction Device) demonstrations (2)  
 Psychological support (3)  
 Other (Please state) (4)  
 No ED support services are available (5)

### Q12a - ED Clinic details (non-ED specialists)

Please give details of the ED clinic available for your patients  
 Please answer as fully as possible  
 Staffing, e.g. nurse specialist:  
 Frequency, e.g. weekly:  
 Support available, e.g. Counselling, sexual therapist, VCD demonstrations:

### Q12b - Referral to ED support (non-ED specialists)

What proportion of patients with prostate cancer do you refer to ED support?

Please enter a percent of patients referred to ED support

### Q12c - Referral to ED support – comments (non-ED specialists)

Please provide any additional comments about referrals to ED support, in particular groups of patients to whom this is applicable, and referral pathways which you follow

Please answer as fully as possible

Patient groups: (1)

Referral pathways: (2)

### Q12d - NO ED Support (non-ED specialists)

You said that you do not have any ED support service available for your patients, could you please explain why not?

Please answer as fully as possible

### Management & treatment strategies

### Q13 - Wider treatment

In the treatment of prostate cancer more widely, who would you expect to initiate, monitor and follow-up an ED management strategy?

Please check all that apply.

Patient (1)  
 Urologist (2)  
 Clinical oncologist (3)  
 Urology/uro-oncology nurse specialist (4)  
 Dedicated ED service (5)  
 Radiographer (6)  
 GP (7)  
 Other (please state) (8)

### Q14 - Assessment of ED at follow up

For patients with prostate cancer, do you personally assess and discuss ED at follow-up appointments?

Never (1)  
 Rarely (2)  
 Sometimes (3)  
 Usually (4)  
 Always (5)

### Q14a - Lead follow up ED discussion

You said that you [show answer from above] assess and discuss ED at follow-up appointments. Who would normally lead the discussion?

Please select all that apply

Yourself (1)  
 Urologist (2)  
 Specialist Nurse (3)  
 Patient (4)  
 Oncologist (5)  
 Other (Please state) (6)

### Q15 - Treatment Options

For prostate cancer patients which of the following treatment options for ED do you typically use?

Please select all that apply

Oral therapy (PDE5 inhibitors) (1)  
 Intracorporeal injections (2)  
 Intraurethral PGE-1/Alprostadil (3)  
 Vacuum constriction device (VCD) (4)

Pelvic floor exercises (5)  
 Psychosexual therapy (6)  
 Penile implant (7)  
 Combination therapy (8)  
 Other (Please state) (9)

### Q15a - Oral treatment details

You said that you typically use oral therapy in managing ED. Please state which drugs are prescribed, with their dose and frequency.

Please answer as fully as possible.

Drug:

Dose:

Frequency:

Comments:

### Q15b - Combination treatment details

You said that you typically use combination therapies in managing ED. Please state which drugs are prescribed, with their dose and frequency.

Please answer as fully as possible.

Drugs:

Dose:

Frequency:

Comments:

### Q16 – Preference of treatment available

Of the treatment options for ED typically in use, which is your personal preference?

Please select one option

Oral therapy (PDE5 inhibitors) (1)  
 Intracorporeal injections (2)  
 Intraurethral PGE-1/Alprostadil (3)  
 Vacuum constriction device (VCD) (4)  
 Pelvic floor exercises (5)  
 Psychosexual therapy (6)  
 Penile implant (7)  
 Combination therapy (8)  
 Other (Please state) (9)

### Q17 - Options not available

Please indicate if any of the following treatments for ED are not accessible to your patients.

Please select all that apply

Oral therapy (PDE5 inhibitors) (1)  
 Intracorporeal injections (2)  
 Intraurethral PGE-1/Alprostadil (3)  
 Vacuum constriction device (VCD) (4)  
 Pelvic floor exercises (5)  
 Psychosexual therapy (6)  
 Penile implant (7)  
 Combination therapy (8)  
 Other (Please state) (9)  
 None of the above - all are available (10)

### Q18 - Ideal first-line treatment

Assuming all treatment options were available to you, what would be your first line of treatment for ED?

Please select one option

Oral therapy (PDE5 inhibitors) (1)  
 Intracorporeal injections (2)  
 Intraurethral PGE-1/Alprostadil (3)  
 Vacuum constriction device (VCD) (4)

Pelvic floor exercises (5)  
Psychosexual therapy (6)  
Penile implant (7)  
Combination therapy (8)  
Other (Please state) (9)